FOR STATE HEALTH DEPT. necessary, please execute the certificate, writing the ward "pending" in pencif in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Bage. ny delay is O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Departm 24-hours after death Health prior to buriol, cremation, or removal, and in any event within 72 haurs after death. This certificate should be executed within DICAL EXAMINER: 5 may be retained far your files.

MARYLAND STATE DEPARTMENT OF HEALTH O O TO O DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201

1. DECEASED MANKE   First   Middle   Lost   20. DATE RNOWNE   Month   Doy   Year   2b. HOUR   10.33
ANNA  CONTILE  Female  4. RACE  5. DATE OF BIRTH  6. AGE (in year)  BYRS:  BIRTHPLACE (Stote or foreign To. BIRTHPLACE (Stote or for
Female White 7. Birtheliate (Stole or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of work done give street oddress)  Ellicott City Warff Lane 8. TIchester Rd during most of working life, even if retired.)  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 131E 13b. COUNTY OR TOWN 131E 13b. COUNTY OR TOWN 151E 13b. COUNTY OR TOWN 151E 15b. MOTHER'S MAIDEN NAME First Middle Lost 15b. MOTHER'S MAIDEN NAME First Middle NAME First Middle Lost 15b. MOTHER'S MAIDEN NAME First Middle NAME First NAME First Middle NAME First Middle NAME First NAME First NAME First Middle NAME First
Female   White   87YRS   February 28   19 69 10:3
No. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life, even if retired.)   12b. KIND OF BUSINESS OR INDUSTRY   12c. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE   13b. COUNTY   13b. COUNTY   14d. MIGDE CITY LIMITS?   13e. STREET AND NUMBER   13b. COUNTY   14d. MIGDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. MISDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. MISDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. MISDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. MISDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. MISDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. MISDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. MISDE CITY LIMITS?   13e. STREET AND NUMBER   13e. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).   17. INFORMANT   16d. MISDE CITY LIMITS?   13e. STREET AND NUMBER   13e. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).   17. INFORMANT   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).   17. INFORMANT   18. MISDE CITY LIMITS?   18. MISDE CITY LIMITS?   18. MISDE CITY LIMITS?   13e. STREET AND NUMBER   13e.
10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (In not in hospitol give street oddress)   12a. USUAL OCCUPATION (Kind of work done during most of working) life, even if retired.)   12b. KIND OF BUSINESS OR INDUSTRY   12a. USUAL RESIDENCE (Where decessed lived, if institution: Residence before odmission) STATE   13b. COUNTY   13b. SOCIAL SECURITY NO.   15c. MOTHERS MAIDEN NAME   15c. MOTH
South   State   Stat
Ellicott City   Warff Lane & Ilchester Rd.    Job USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Office City   No    Job USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Office City   No    Job USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN    Job USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN    Job USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN    Job USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN    Job USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN    Job USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN    Job USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN    Job USA DECEASED CITY UNITS    Job USA DECEASED EVER IN U.S. ARMED FORCES?  (If yes give our of dotes of service)    Job USA CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))    PART I. DEATH WAS CAUSED BY:  JOB USA CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))    PART I. DEATH WAS CAUSED BY:  JOB USA CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))    PART I. DEATH WAS CAUSE OF DEATH WAS CAUSED BY:  JOB USA CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))    PART I. DEATH WAS CAUSE OF DEATH WAS CAUSED BY:  JOB USA CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))    JOB USA CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))    JOB USA CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))    JOB USA CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))    JOB USA CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)    JOB USA CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)    JOB USA CAUSE OF DEA
130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE   13b. COUNTY   13b. MOTHER'S MAIDEN NAME   15t.   13b. MOTHER'S MAIDEN NAME   15t.   13b. Mother's Maidele   13b. Mother'
14. FATHER'S NAME  First  Middle  Lost  15. MOTHER'S MAIDEN NAME  First  Middle  Lost  Rd.  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no of unknown)  (If yes give wor or dottes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT,  ADDRESS  (Yes, no of unknown)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART 1. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse last.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CAUTOPSY?  YES NO  210. EXTERNAL CAUSE WAS  210. TIME OF INJURY Month, Doy, Yeor  211. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not of unknown)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:  19. CONDITIONS, if ony, which gove rise to immediate couse (o), storting the underlying couse lost.  (c)  19b. CONDITION FOR WHICH OPERATION  19b. CONDITION FOR WHICH OPERATION  19b. CONDITION FOR WHICH OPERATION  20. AUTOPSY? YES NO  21b. TIME OF INJURY Month, Doy, Yeor  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Arterisclerotic cardiovascular disease  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (o), storting the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not of unknown) (If yes give war or dates of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)   PART 1. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Arterisscleratic cardiovascular disease   DUE TO, OR AS A CONSEQUENCE OF
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Arteriscleratic cardiovascular disease  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (o), storing the underlying couse (c).  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  215. TIME OF INJURY Month, Doy, Yeor  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
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PART 1. DEATH WAS CAUSED BY:    HomeDiate Cause (a)   Arteriscolerotic cardiovascular disease   DUE TO, OR AS A CONSEQUENCE OF   Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause   DUE TO, OR AS A CONSEQUENCE OF   Output TO, OR AS A CONSEQUENCE OF
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)    190. DATE OF OPERATION
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO  210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
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210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
T FRIMART I UK CONTRIDUTING 1   HOUK A.M.
PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d INITIRY OCCURRED 2 to PLACE OF INITIRY (At home form street 21f 10CATION Street or R.F.D. No. City or Town County Stote
The track of the t
WHILE NOT WHILE TOCTORY, Office building, etc.)
220. I certify that I took charge of the remains described above, held on Autopsy 💢 Inspection 🔲, Inquiry 🗐, and in my opinion
deoth resulted from: Noturol couses XX , Accident , Suicide , Homicide Undetermined monner
CHIEF MEDICAL EXAMINER
ACTUAL ASSISTANT MEDICAL EXAMINER XX 22b. DATE SIGNED
EXAMINER'S  DEPUTY MEDICAL EXAMINER   3/1/69
NAME (Type) ADDRESS(Street, city, town, or county)
230. BURIAL, CREMATION, 23b. DATE WILSON 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
CEEMPTION 3-3-69 LEE FUNERAL HOME WAShing TON D.C.
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
Hig into Thon-SIALK FUNKARI HINK FILICOTT EIT ME DATEMAR 5 1969 gelienles Judge

VR A15ME (5) 10M REV. 1/68

TO DEPUTY

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Hen please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (1) 88

2

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

# 02484

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02479

CERTIFICATE OF DEAT	,					,	 
(FRIIFILATE OF DEAT	ATH	DE	OF	CATE	TIFL	CEB.	

	DECEASED-NAME First		Middle		Last		2a. DATE OF			2b. HOUR
(	Type or print)	nnie	Mae	Da	vis			Feb. 25	1969	1:30
3. S		4. RACE			S. DATE OF BIRT	TH .		A AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female		White			29,188	4	last birthday) 84 YRS.	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote or foreign intry)	7b. CITIZEN C	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRI	ED 9.	COUNTY OF	DEATH		
100	Virginia	T	JSA	WIDOWED	DIVORCE	ED 🔲		Howard		Md.
10.	Mt. Airy		11. NAME OF HOSPITAL OR IN: give street address) RFD #	STITUTION (If n	iat in haspital	during mass		(Kind af wark dane life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13a. adm	USUAL RESIDENCE (Where decease nissian) STATE Maryland	ied lived, if in 13b. CQUN	stitutian: Residence befare	13c. CITY OF	,	d. INSIDE CITY LIMIT	13e. ST	REET AND NUMBER		
				Mt.A		THE NAME OF				Test.
14.		Mide	***	1	S. MOTHER'S MAIL	DEN NAME FIRST		Middle	_	Last
	Richar		Payne				Fran	nces	Dicker	'son
	. WAS DECEASED EVER IN U.S. ARA	MED FORCES? war or dates of service	16b. SOCIAL SECURITY	NO. 17.	INFORMANT			Address		
	Yes, no or unknown) (If yes give w	AGI OI GOIGS OI SELAIC	(e)		Mrs Ann	nie Per	cry,	Mt. Airy	, Md.	
	18. CAUSE OF DEATH (Enter on	ly one couse i	per line for (a) (b) and (c)	1 440	and or cin	w and			APPROXI	IMATE INTERVAL DNSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:	Arterio SCI	0. 75	1. 15		D:0	a 10a	Move	
	1MMED!	ATE CAUSE (a)		eror (c	Cardiou	350410	r DILC	316		rnan
	4122		OR AS A CONSEQUENCE OF						109	12/1
	(anditians, if any, which gave) rise to immediate cause (a),								A	
	stating the underlying cause	DUE TO,	OR AS A CONSEQUENCE OF							
	last.	(c)								
	PART 2. OTHER SIGNIFICANT COM	NDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO	O THE TERMINAL I	DISEASE OR COM	IDITION GIVE	N IN PART 1(a)		
		-	xo - undeta							
S							Loos in	WES THERE SIMPLINGS	TOUGIDED IN C	PREFERENCE
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FO	IK WHICH OPERATION WAS PE	KFUKMED	20a. AUTOPS			YES, WERE FINDINGS ( OF DEATH?	ONSIDERED IN C	EKIIFYING
ERTI	DI - ACCIDENT WAS UNDERLYIN	VC     0.11   -11		lat ii	YES 🗌	NO 💽	1			
MEDICAL C	21a. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT  (If either, notify medical exami	TH HOUR	ME OF INJURY A.M. Manth Day Year P.M. 1		OW INJURY OCCUI	RRED (Entern	ature at inju	ry in Part 1 ar Part 2,	Item 18.)	
ME			URY (AT HOME, FARM, STREET, FAI GEFICE BUILDING, ETC.	(TORY.) 21f. L	OCATION Street	ar R.F.D. Na.	City	ar Tawn	County	State
	22a. I certify that (I) (th	is hospital)	attended the decor-	ed from	abeut	19/	, to	E06 10	69 that	(1) (we) last
	saw the deceased a	live an	Feb 24	969 on	d that in (my)	(aur) anini	on death o	occurred on the di	nte and hour	and from the
	couses stated above	e, (I) (we) (	did) (did nat) view the	bady after	death.	(aoi) apiiii	on dodin c	occorred an me a	arc on a 11001	and nomine
	22b. SIGNATURE	~ //	7					22c.	DATE SIGNED	
	woll	ulu	ullo 2	21 DOEGI	REE PHYS.	MED DIRE	CTOR	STAFF PHYS. D Ze	6-26/6	69
	22d. PHYSICIAN'S NAME (Type)	-B, C	culwell.	MD	22e. ADDRE		yain	St Ma	Airy	
230	. BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY OR	CREMATORY			ON (City or Town)	(Caunty)	(State)
	REMOVAL (Specify)			vin C		Sile !		Plane N		, ,
24	FUNERAL DIRECTOR	eb.27,	ADDRESS			Sa. REC'D BY	DEC ISTD AD	2Sb. REGISTRAR'S		и.
24.	Olin T. Ma	Lewas	rth, Damascı					LACHE P		100
	OIIM D. MO	TERMOT	Lun Damasci	AD, MC	4.0	DATE EB	0 19	69 Jacon	very Jus	1

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Page should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours a

VR A15 (1)

## MARYLAND STATE DEPARTMENT OF HEALTH

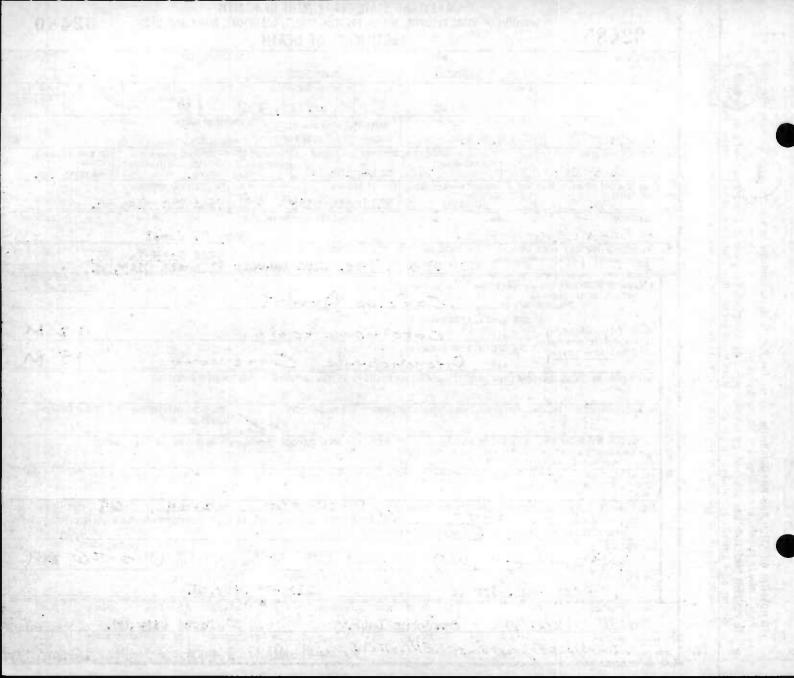
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02480

02485

CERTIFICATE OF DEATH

	CEASED-NAME ype or print)	First		Middle		Lost		2a. DATE OF D	EATH Doy	Y Yeor	2b. HOUR
1,	ype or pinni)	John	Ethile.	David		Deaver	CS		Feb 2/	1 1060	5. M
3. SE	X	- 11	4. RACE			. DATE OF BIR	RTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS   OAYS	IF UNDER 24 HRS. HOURS MIN.
	male	25.2		white		Nov.	10, 19	010	58 YRS.	MUNINS UNIS	HOURS MIN.
7o. [	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARI	RIED 9	. COUNTY OF D	EATH		
COUL	Virginia	1.	U.S	.A.	WIDOWED		CED 🔲	Howar	d		Md
10. 0	ITY OR TOWN OF	DEATH	11. No	AME OF HOSPITAL OR INS	TITUTION (If na	t in hospital			Kind af wark dane		BUSINESS OR
	Ellicott	t City	give	street address) 5544	Water.	Loo Rd		st at warking li	fe, even if retired.)	Howard	i Co.
13a.	USUAL RESIDENCE	(Where decease	ed lived, if institut	ion: Residence befare	13c. CITY OR 1		13d. INSIDE CITY LIM	ITS? 13e. STRE	ET AND NUMBER		
aam	issian) STATE	d.	13b. COUNTY	oward	Ellice	ott Cit	YES NO	X 5544	Waterloo	Rd.	
14.	ATHER'S NAME	First	Middle	Lost			IDEN NAME Fir		Middle	terfor di	Lost
	Jo]	n Calv	in Deave	rs				Mary S.	Jewel		
160.	WAS DECEASED E	VER IN US AR	MED FORCES?	16b. SOCIAL SECURITY N	O. 17. IN	FORMANT				D.d.	
'	es, no, or unknawr	(IT yes give v	or dates of service)	213 01 34	89 Wrs	. Dora	Deave	rs File	Water Locatt City	r Md	
	18. CAUSE OF D	EATH (Enter on	ly one cause per li	ne for (o), (b), and (c).)						APPROX	ONSET AND DEATH
	PART I. DEA	TH WAS CAUSE	D BY:	Cas	dias	Dur	-c5T				
	1621	Immedi		AS A CONSEQUENCE OF	CIUC						
	Conditions, if an		(6)	Car	civa	ma to	0313			1,	2 M
	rise to immedia stoting the und	ite cause (a),		AS A CONSEQUENCE OF		,					
	last.	errying couse	(c)	Droye	nece	nic	Car	CIMO.	ng 1	) (	2 W
	PART 2. OTHER S	GIGNIFICANT CO	NDITIONS CONTRIBU	ITING TO DEATH BUT NO	T RELATED TO	THE TERMINAL	DISEASE ORCO	ONDITION GIVEN	IN PART 1(a)		
z											
MEDICAL CERTIFICATION	19a. DATE OF OPE	RATION 19b.	CONDITION FOR WH	IICH OPERATION WAS PER	FORMED	20a. AUTOR	PSY?		ES, WERE FINDINGS O	ONSIDERED IN C	ERTIFYING
TEC	10 O.DA					YES 🗀	NO 🔄	CAUSES	OF DEATH?		
GR	21o. ACCIDENT V				21c. HO	W INJURY OCC	URRED (Enter	nature of injury	in Part 1 ar Port 2,	Item 18.)	
SICAL	OR CONTRIBUTING			Manth Day Year							
ME	OL L. MINION OCC	LO COORING		( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		ATION Street	ar R.F.D. No.	City o	r Town	County	Stote
- 3	While Not wat wark at w	IIIIe		OFFICE BUILDING, ETC.	1						
	22a. I certify	that (I) (th	is haspital) att	ended the decease	d from 10	-20-	5619_	, ta 2 -	74 , 19	69, that	t (I) (we) las
	saw the	deceased a	live an 2	22	and	that in (my	y) (aur) apin	ian death ac	curred an the do	ite and haur	and from the
		tated abav	e, (I) (we) (did)	(did nat) view the b	oady after d	eath.			1 00	DATE CIGHED	
VA	22b. SIGNATURE	11	.0	ww	DEORE	ATTENDIN			STAFF -	DATE SIGNED	- ha
	22d. PHYSICIAN'S	Tho		04.1)	DEGRE	PHYS.		RECTOR $\Box$	PHYS. U		0-1
	NAME (Type	Pater	VanB. Th	rana				City, Mc	1-		
220			DATE	23c. NAME OF C	CAACTEDY OD (		110000		(City ar Tawn)	(County)	(State)
230.	BURIAL, CREMATI REMOVAL (Specify BUTIAL)	1						1.0		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Sidie)
24	FLINERAL DIRECTO	R	27/69	St. John ADDRESS		L	2Sa. REC'D BY		2Sb. REGISTRAR'S		
11	14 IN bothom	-SIALL	FUNEROL H	OME Ellic	OTT City	, sed	DATMAR			Alan Jees	and at the
1	/				/	,	DAILWIN	3 196	J minne	THE YELL	TO SA



# FOR STATE HEALTH DEPT. necessary, please execute the certificate, writing the word "pending" in pencil in Hem. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiler's Office glong with form PM3. Page 5 may be retained for your files. 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages Land 2 with the State Department of Health prior to buriol, cremation, or remaval, and in any event within 72 haurs after death.

TO DEPUTY

VR A15ME (5) 10M REV. 1/68

02486

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02481

				ITTEDIO	WE FWWII	IIIIAEIC O	PEICHI	CALL	01 00	74111				
		ECEASED-NAME Type or Print)	First		Midd		T (1)	Lost	911		2o. DATE KNOWN Month	Doy	Yeor	2b. HOUR
	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Robert	F:	ranklin			Fran	ce		DEATH MATED 2	19-	- 1969	11. AM
	3. SE	EX	4. RACE	S. DATE OF BIR	RTH	6. AGE (In year		OER 1 YEAR OAYS	IF UNDER	24 HRS. MIN.	2c. DATE PRONOUNCED DEAD			2d. HOUR
		male	white	Feb. 1	0,1952	last birthday)	RS.	UAIS	HOUKS	min.	MonthFeb. Doy 1	9 Yeo	1969	М
		BIRTHPLACE (Stot	te or foreign 7	. CITIZEN OF WH	AT COUNTRY?	8. N	ARRIED [	NEVER MA	RRIED	9. COU	NTY OF DEATH			
	count	iry) Maj	ryland	U.S.A		W	DOWED _	DIVO	RCED	He	oward			Md.
	10. C	ITY OR TOWN O	F DEATH	11. N/	AME OF HOSPITA	L OR INSTITUTI	ON (If not i	n hospital	12o. U		CUPATION (Kind of work done		ID OF BUSI	NESS OR
0	1	Ellicot	t City	give s	street oddress)	954 Fre	ederi	ck Ro	during	most of	working life, even if retired.)	INDUSTR	Υ	
2			ICE (Where decease	d lived, if institu	ition: Residence	before 13c. Cl	TY OR TOW	N 13	d. INSIDE CITY I		13e. STREET AND NUMBER			
7	00	dmission) STATI	Md.	13b. COUNTY	Howar	d El	licet	t Cit	YES N	40 X	9954 Frederic	k Rd	•	
	14. F	ATHER'S NAME	First	Middle		Lost	15. MO1	THER'S MAI	DEN NAME	First	Middle		Lost	
			Harry	F.	Franc	e		100	Jane			Gear	hart	
			VER IN U.S. ARMED FO	ORCES? or or dotes of service)	16b. SOCIAL SEC	URITY NO.	17. INFOR				4 Fred. ADDRES			
		es, no, or unknow	(ii yes give ii	ar or dores or service;			Harr	y Fra	ınce	El	licott City, Mo			
			F DEATH (Enter only		ne for (o), (b)	ond (c).)		0:	7.		0 1		APPROXIMATE TWEEN ONSET	
		PARI I.	DEATH WAS CAUSED IMMEDIAT	E CAUSE (o)	13/1 5	trai	196	(Id	lor	1 4	or hangl	40		
		953	3 X	DUE TO, OR	AS A CONSEQUE	ENCE OF	0					1		
			ony, which gove diote couse (o),	(b)										
			nderlying couse	DUE TO, OR	AS A CONSEQUE	ENCE OF								
		lost.	)	(c)		100								
		PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH B	UT NOT RELATE	D TO THE T	ERMINAL D	ISEASE OR (	CONDITIO	N GIVEN IN PART I(o)			1000
	NO				liai savara							l an		
V	CAT	19o. DATE OF	OPERATION		19b. CONDITION		PERAIION					20	). AUTOPSY	
$\wedge$	CERTIFICATION	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor							CHARGO IF			1 101	YES _	NO
			OR CONTRIBUTING			Joy, Yeor	ZIC. HOW	INJURY OC	.CUKKED (En	iter notur	re of injury in Port 1 or Port 2,	Item 18.)		
	MEDICAL	CAUSE OF DEA	TH	P		19	DIC LOCAT	1011 5: 4	DEDIN		7			
	2			LACE OF INJURY ( ory, office buildin		street,	211. LUCAT	ION Street	or R.F.D. No.		City or Town	Count	A	Stote
		AT WORK							_					
n			certify that I to								pectian 🚓 , Inquiry [	-	nd in my	y apinion
Ä,		death re	esulted from:	Natural caus	ses , A	ccident [],	Suicid	e 🔯,	Homicid	le,	Undetermined manne	r 📙		
4		ACTUAL	12 - DF	2	(0)	1			EF MEDICAL					
Ţ,		SIGNATURE	Je ve	- 4		Ca					MINER	TE SIGNED	0-6	9
/		EXAMINER'S		311	CAL	IN			UTY MEDICA			- 2		
	00	NAME (Type)		0.75	100	05 65 11575	DV 00 000		DKE22/2uleer		wn, or county)	15	15	
	230.	REMOVAL (Spendar)	riful .		23c. NA	AME OF CEMETE				23d.	LOCATION (City or Town)	(County)		tote)
0	24	CHAICDAL DIDECT	TOD	2/69	*2 as *5 .	Good	Sheph	erd	1250 PECT	D BY PEC	Ellicott City			d
V	1-1	Minbol	Tim -SIAL	Ł	3871 6	ADDRESS /V.	2010	T.KC	230. REC	O C				
N		i-va	KRAI HO	nE.	121116	017 8.4	Ma		DATE	60	1969 Pilim	1 65-3 AL	-	E · ·

MARYLAND STATE DEPARTMENT OF HEALTH 02487 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02482 CERTIFICATE OF DEATH DECEASED-NAME Lost 20. DATE OF DEATH death 2b. HOUR after death (Type or print) Herbert. Harland February 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF LINOER 1 YEAR IF LINOER 24 HRS last birthdoy) MONTHS Male White 1883 Feb. 4. hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) WIDOWED England DIVORCED [ England Howard County 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital dive street oddress) 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within WIT during most of working life, even if retired.) **INDUSTRY** City 382 Montgomery please remove corban Rural Ellicott ottending physician ond completely sermit. Then please remove corbar Retired Contractor 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13e STREET AND NUMBER 382 Montgomery Rd. 13d. INSIDE CITY LIMITS? ExxMontgomer cott burial, crematian, or removal, and in ony 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) (If yes give war or dates of service) 267-66-0571 Mrs. Agnes Harland. 382 Montgomery 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the burial-tronsit p rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ed for use as the b of Heolth prior to b Page 4 may be retained by the haspital or ottending has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 3 TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item IB.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, notify medical examiner) P.M director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from New Company, 1969, to New Grant 1969, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Leo A Lall Frederick & North Rolling Roads 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Cremation Loudon Park Raltimore. Md 24. FUNERAL DIRECTOR VR A15 Columbia Pike

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24 haurs after death

This certificate shauld be executed within

DICAL EXAMINER:

TO DEPUTY

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TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the State

the funeral directar. Page 4 shauld be forwarded to the Chief Medical Ex necessary, please execute the certificate, writing the ward "pending" in

5 may be retained far yaur files.

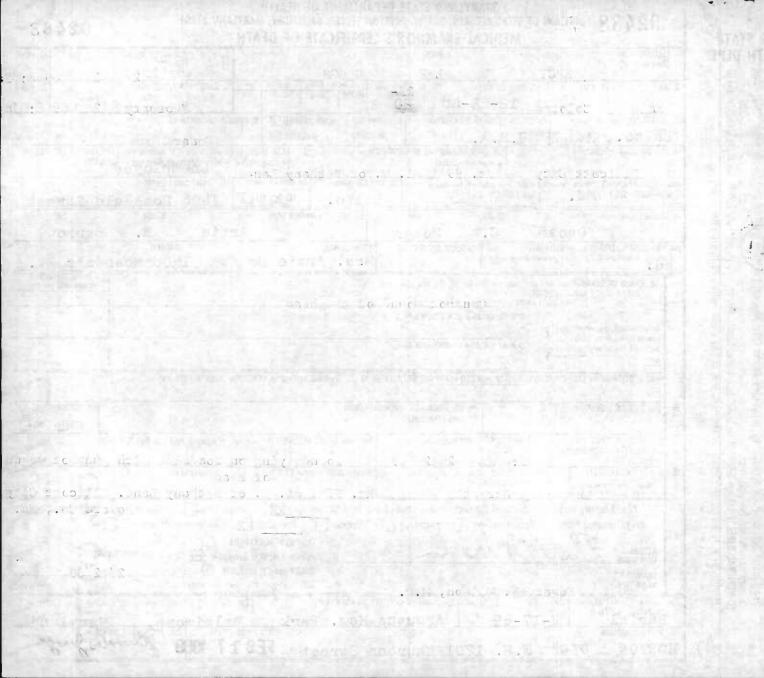
Health priar to burial, cremation, or removal, and in any event within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH 02488 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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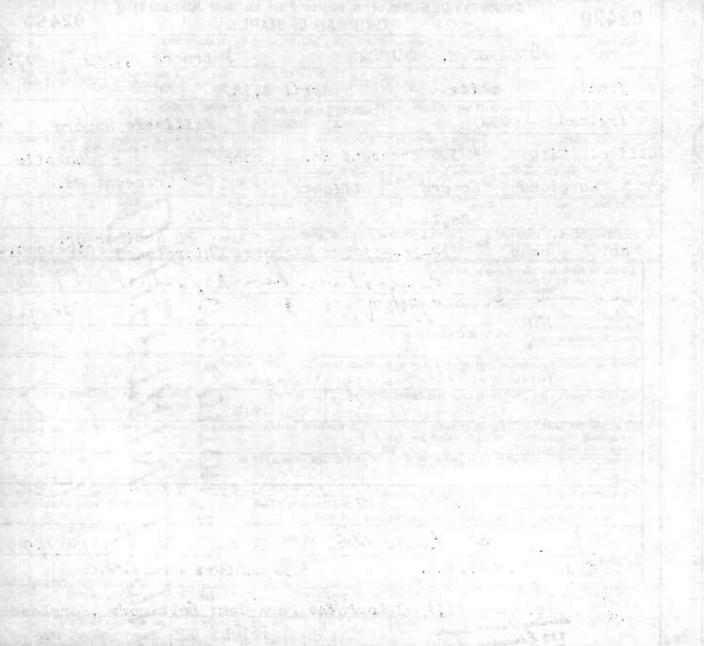
			MEDICA	AL EXAMIN	ER'S	CERTIFICATI	OF DE	ATH				124	00
T	DECEASED-NAME	First		Middle	1	Last		2	o. DATE KNO	WN Month	Day	Year	2b. HOUR
	(Type ar Print)	PERCY		LEE		HOGGS			OF EST DEATH MAT		12	19 6	9 8.0
3	3. SEX	4. RACE	S. DATE OF BIRT		GE I'm years	IF UNDER 1 YEAR MONTHS DAYS		24 HRS. 2	c. DATE PRON				2d HOUR
	Male	Colored	12-2		20 YR		HOURS	Min.	Manth F	ebruary_	12	19 69	8.0%
	a. BIRTHPLACE (Stat		CITIZEN OF WHA	T COUNTRY?	8. M	ARRIED NEVER N	IARRIED 🔼	9. COUNT	TY OF DEATH				
1	Balto.	, Md	U.S.A	•	WII	DOMED DI	VORCED [		Howa	rd		7. 10	Md.
. 1	O. CITY OR TOWN O		give st	ME OF HOSPITAL OR reet address)			during	mast of w	JPATION (Kind	of wark dane	12b. KIN INDUSTR	D OF BUSI Y	NESS OR
1	30. USUAL RESIDEN	Cott City	lived, if institut	ion: Residence befa	re 13c. CIT	TY OR TOWN	13d. INSIDE CITY	LIMITS?	3e. STREET AN	D NUMBER	-		
)	admission) STATE	Md.	36. COUNTY	Williams,	B	Balto.	YES X N	NO 🗆	1408	Rosed	ale	Str	eet
41	4. FATHER'S NAME	First	Middle	Los	1	15. MOTHER'S M	AIDEN NAME	First		Middle		Last	
		Oscar	C.	Hogg	gs	STORES.		Ar	tie	В.	Вε	rro	W
1		VER IN U.S. ARMED FOR		16b. SOCIAL SECURITY	NO.	17. INFORMANT				ADDRESS			
	Yes, no, or unknow	MN) (If yes give wor o	or dates of service)			Mrs. Ar	tie I	Hogg	s 1	408 Ro	seda	le :	St.
		F DEATH (Enter anly o	ne cause per lin	e for (a), (b), and (c	1.)							PPROXIMATE WEEN ONSET	
		DEATH WAS CAUSED BY	1:			af the b					021	MEEN ONSET	AND DEATH
	955	IMMEDIATE		Sunshot wo		or the n	ead						
		Canditions, if any, which gave											
		diate cause (a), ( nderlying cause (	DUE TO, OR	AS A CONSEQUENCE	OF								
	last.	ingersaling conse	/ \								167		
	PART 2 OTHER	SIGNIFICANT CONDITIO	NS CONTRIBITION	IG TO DEATH BUT NO	OT RELATED	D TO THE TERMINAL	DISEASE OR	CONDITION	GIVEN IN PAR	T 1(a)	774		
	-6.4	SIGNATURAL CONDITIO	CONTRIBUTION	to to beam but in	71 KELMIEI	D TO THE TERRITARE	DISEASE OR V	CONDITION	OTTEN IN TAK	1 1(0)			
1	190. DATE OF (	PERATION		19b. CONDITION FOR	WHICH O	PERATION					20	. AUTOPSY	?
	2			WAS PERFORME								YES TOTAL	NO 🗌
	190. DATE OF O	CAUSE WAS	216 TIME OF I	NJURY Month, Day, Y	eor	21c. HOW INJURY	OCCURRED (Fr	nter noture	of injury in P	art 1 or Part 2 1	tem 181	. Co BAR	
	PRIMARY X	R CONTRIBUTING	HOUR A.M										17.5
	CAUSE OF DEA		5:00xx	2 12 19	69	FOUN STONE	d lyin	ng on	roads	ide with	1 gun	snot	Stote
1	while NOT Walle   factory, office building, etc.)									-			
		AT WORK AT WORK Street? Rt. 99 1 mi. W. of Bethany Lane. Ellicott Cit											
	22o. I	220. I certify that I took charge of the remains described above, held on Autopsy 🔯 Inspection 🗌, Inquiry Howard Gony, of Make											
	deoth re	esulted from:	Natural couse	es 🔲 , 🔏 Accide	nt,	Suicide ,	Homicid	de KXI,	Undeterm	ined monner			
		V/ 1	N	11/		(	HIEF MEDICAL	EXAMINER					
	SIGNATURE	(m)	) 0 0	0,0		M.D. A	SSISTANT MED	DICAL EXAM	INER 🖘	22b. DATE	SIGNED		
5	EXAMINER'S						EPUTY MEDICA		_		2/12/	69	
L	NAME (Type)	Edwar	d F. Wi	1son M.I	0	A	DDRESS(Street	t, city, tawr	n, ar caunty)				
	23a. BURIAL, CREMA	TION, 23b. DA	TE .	1son M.J 23c. NAME O	F CEMETER	RY OR CREMATORY		23d. L	OCATION (City	or Town)	(County)	(St	tote)
	REMOVAL (Special	2-1	7-69	Arbu	itus	Mem. P	ark	Be	altimo	re.	Ma	rvla	and_
	24. FUNERAL DIRECT	TOR		ADD	RESS		2Sa. REC'I	D BY REGIS	TRAR	Sb. REGISTRAR'S	SIGNATUL	RF.	
	MORTON	& DYETT	F.H. :	1701 Lau	iren	s Stree	T DATE F	EB 1	7 1963	3 yours	res	Just	7

VR A15ME (5) 10M REV. 1/68



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